

Name In Full		Martha Benson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died <i>near Easton</i>		Town <i>Talbot</i>		County <i>Talbot</i>		MARYLAND
	Date of death <i>1905-Jan</i>		Month <i>Jan</i>	Day <i>18</i>	Age <i>45</i>	Years <i>7</i>	
	Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Talbot Co.</i>		
	Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> Husband <i>Alfred Benson</i>				
	Father's Name <i>Jacob Dalsen</i>		Father's Birthplace <i>Talbot Co. Md</i>				
	Mother's Maiden Name <i>Hennie Denny</i>		Mother's Birthplace <i>Talbot Co Md</i>				
Name of person giving information <i>Alfred Benson</i>		How related to deceased <i>Husband</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Cancer Uteri</i>		How long <i>2 yrs.</i>				
	Immediate <i>Hemorrhage</i>		How long <i>few days</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. F. Dandson</i>				
			Address <i>Easton, Md.</i>				
Argument or Suicide?							

26 at old Chappee

Name  
in  
Full

## CERTIFICATE OF DEATH

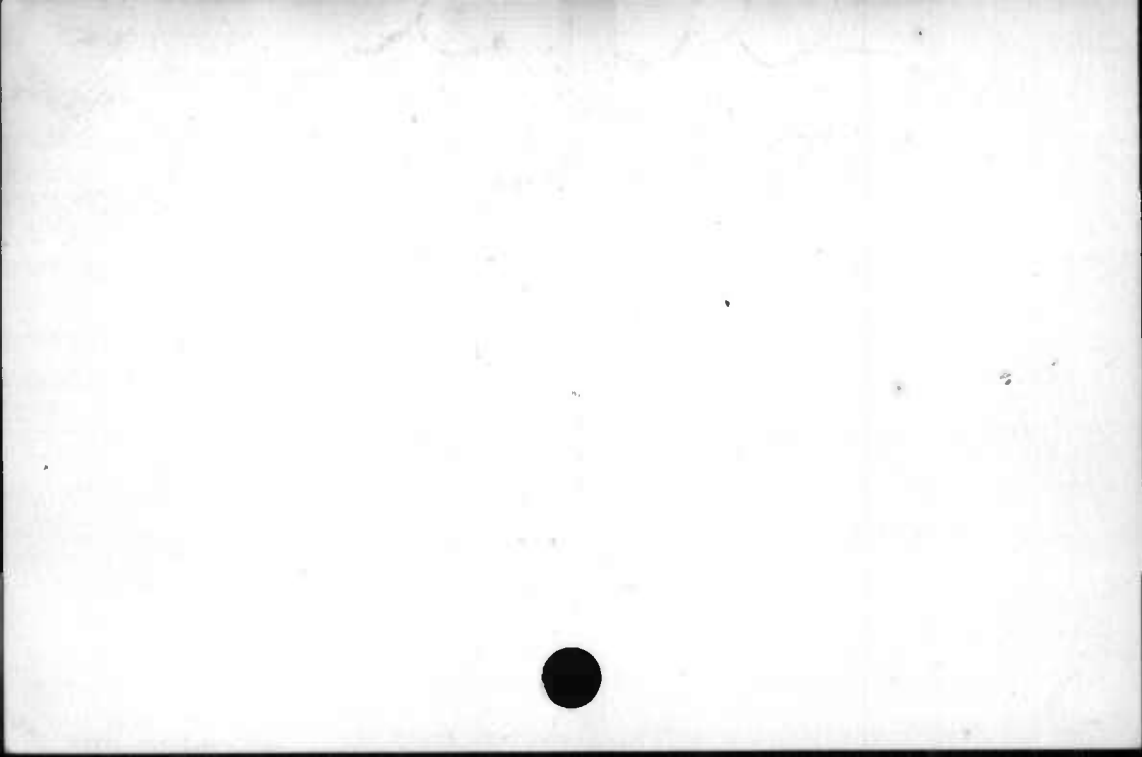
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Geo W Chase</i>		Town <i>Oxford</i>		County <i>Fallst</i>		MARYLAND	
Died at		Date of death 190 <i>5</i>		Month <i>1</i>	Day <i>23</i>	Age <i>73</i>	Years <i>73</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Fallst Co</i>		Months	
Married, Single or Widowed		Occupation <i>Farmer</i>		Name of Wife or Husband		Days	
Father's Name <i>Borris Chase</i>				Father's Birthplace <i>does know</i>			
Mother's Maiden Name <i>does know</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Sarah E Chase</i>				How related to deceased <i>daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Weakness incident to old age</i>	How long
Immediate <i>La Grippe</i>	How long <i>Six days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Stevens</i>
<i>Yes</i>	Address <i>Oxford</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Percilla Cornish

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Oxford* Town*Talbot* CountyDate of death *1905 Jan* Month*10* DayAge *2* Years*5* Months*20* DaysSex *Female*Color or Race *Black*Birth-place *Oxford*Occupation *Infant*

Where Residing if not at place of death

"

Married, Single or Widowed *Infant*

Name of Wife or Husband

Father's Name *Chas Cornish*Father's Birthplace *Borchusler Co*Mother's Maiden Name *Amanda Cornish*Mother's Birthplace *Baltimore*Name of person giving Information *Chas Cornish*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Congestion of the Brain*How long *14 months*Immediate *Heart-failure*How long *10 hours*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

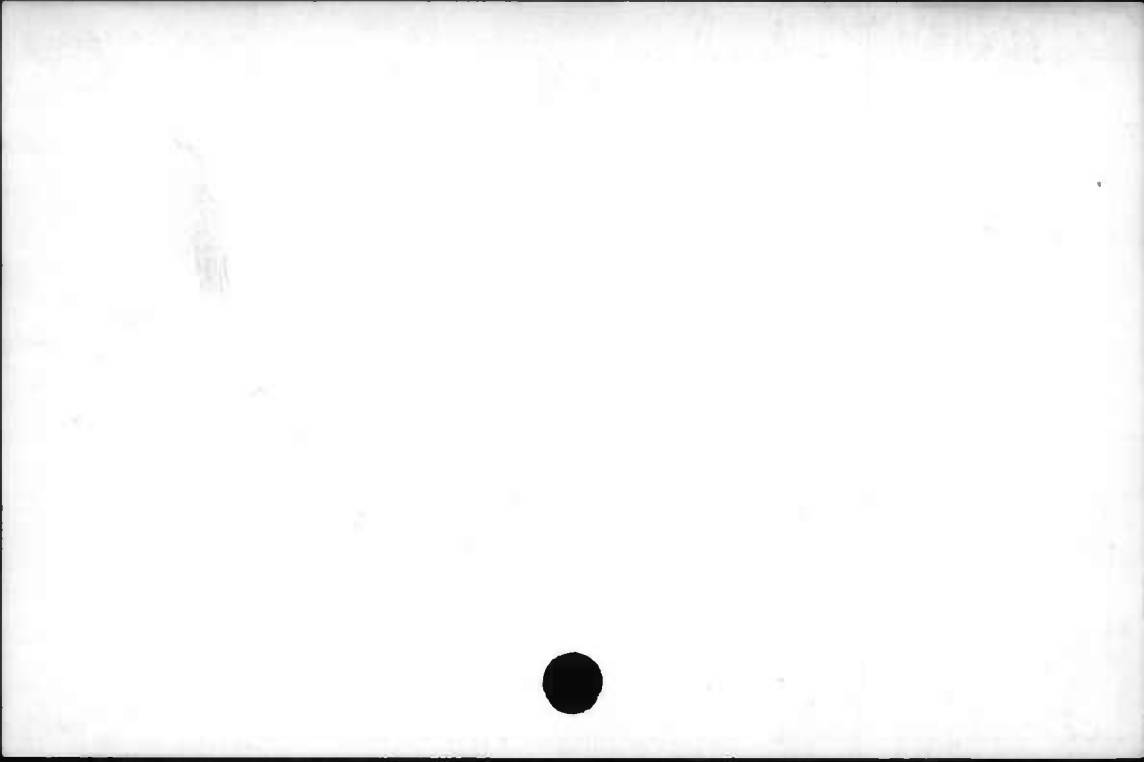
*J. P. Roberts*

Address

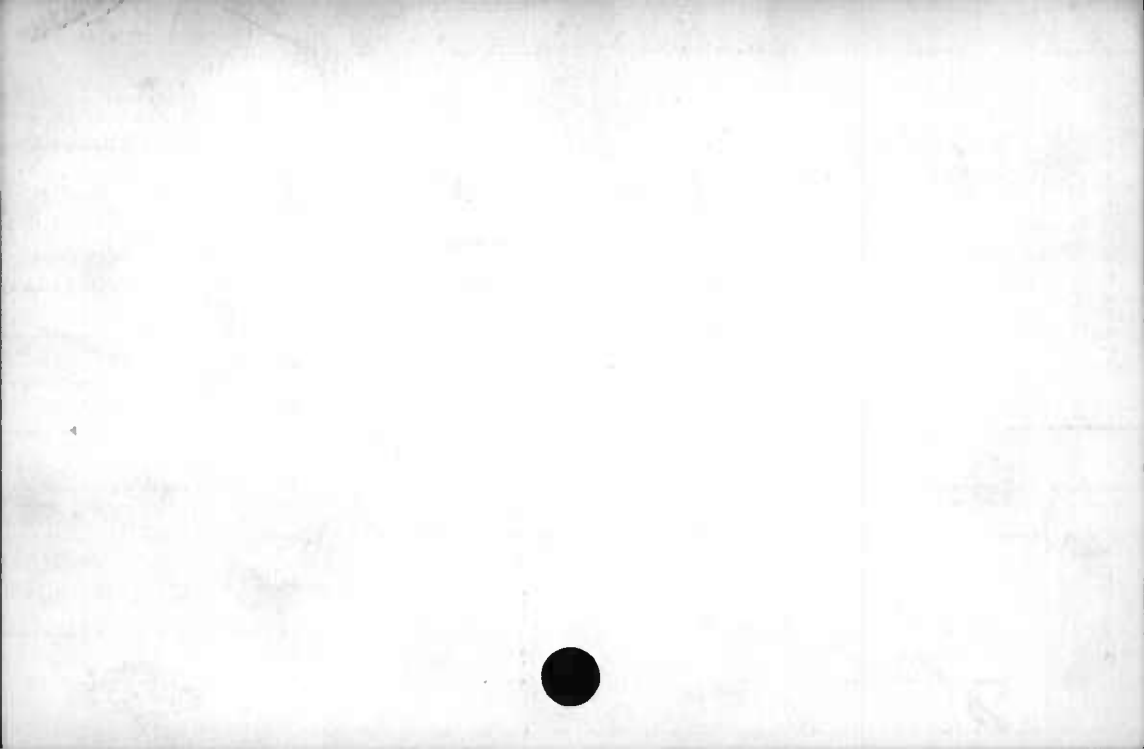
*Oxford Talbot Co*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full		Phoebe Ann Holmes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Easton		Talbot				
	Date of death	190	Month	Jan	Day	4	Age
					Years		84
					Months		6
					Days		
	Sex	Female		Color or Race		Black	
Occupation		book		Where Residing if not at place of death		Easton Md	
Married, Single or Widowed		widow		Name of Wife or Husband		Pallad Holmes	
Father's Name		do not know		Father's Birthplace		do not know	
Mother's Maiden Name		do not know		Mother's Birthplace		do not know	
Name of person giving Information		Charles Edward Holmes		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia		How long		one week
	Immediate		Exhaustion		How long		24 hr
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Julius A. Johnson
					Address		Easton Md
	Accident or Suicide?						



Name in Full

Nicholas N. Leonard

Town

County

Died at

Shenwood Talbot

MARYLAND

Date

1905

Month

Day

Y.

M.

D.

Native of

Occupation

1<sup>st</sup> 9<sup>th</sup>

Age

74

Talbot

Farmer

Male

White

Married

Widow

Barnard

~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Father's

Name

Mother's

Name

Jeremiah B. Leonard

Babeek Leonard

Cause of

Primary

Paralysis

Death

Immediate

General

How long sick

24 hours

~~Accident, Suicide, Homicide~~

Reported by

W. M. Chaires, M.D.

Address

Tilghman, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Ellen McDaniel.

## CERTIFICATE OF DEATH

MARYLAND

Died near <sup>Town</sup> Trappe<sup>County</sup> TalbotDate  
of death 1905

Month

Day

23

Age

Years

54

Months

4

Days

Sex

Female

Color or  
Race

Negro.

Birth-  
place

Talbot Co, Md

Occupation

Housewife.

Where Residing if not  
at place of death

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Married, Single  
or Widowed

Married.

Name of Wife or  
Husband

James Edward McDaniel

Father's  
Name

Josiah Bailey.

Father's  
Birthplace

Worcester Co Md

Mother's  
Maiden Name

Annie Webb

Mother's  
Birthplace

Talbot Co, Md

Name of person giving  
In formation

Jas E. McDaniel

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

6 months.

Immediate

Exhaustion

How long

---

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Joseph A. Ross M.D.

Trappe Talbot Co, Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Gordon W. Pape

CERTIFICATE OF DEATH

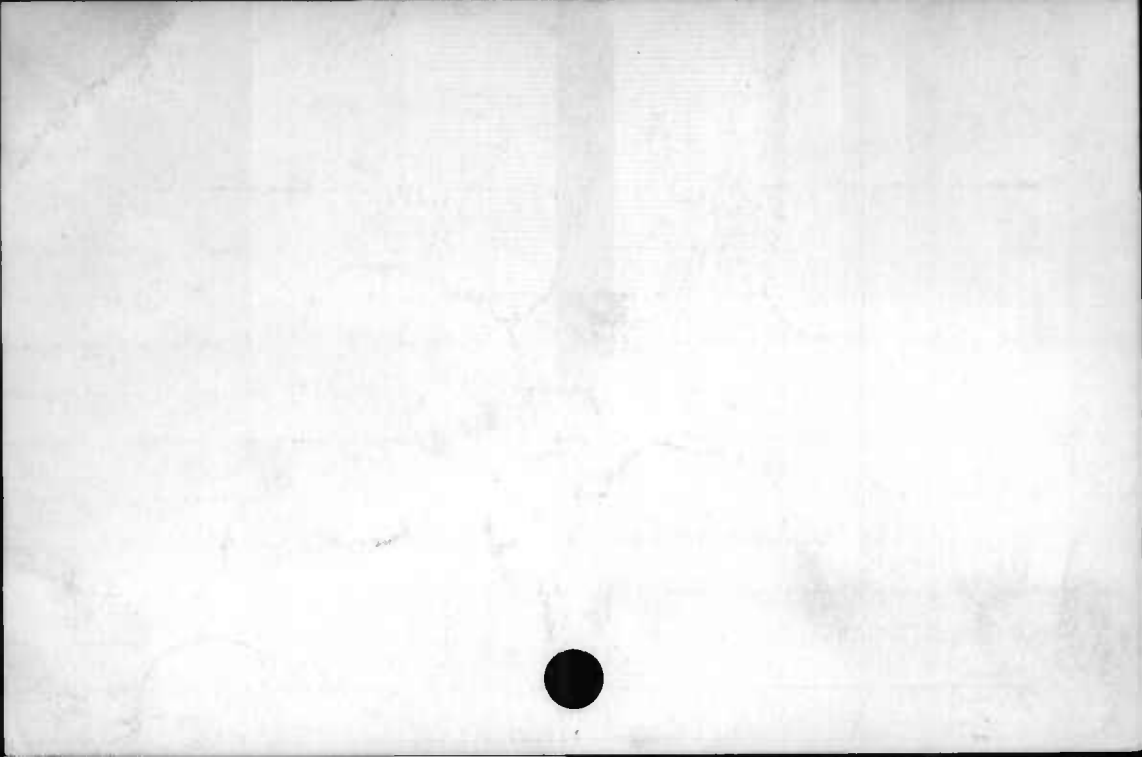
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oxford</i> Town		<i>Salisbury</i> County		MARYLAND	
Date of death 1905	Month <i>Jan</i>	Day <i>2</i>	Age <i>21</i> Years	Months <i>10</i>	Days <i>24</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Somerset Co Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Str Car Conductor</i>		
Name of Wife or Husband <i>Rachel Lerow</i>					
Father's Name <i>Henry F. Pape</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Sarah Williams</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Mrs H. F. Pape</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>Six months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. Stevens</i>
<i>yes</i>	Address <i>Oxford Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

John F. Price

Died at *Trape* Town *Talbot* County *MARYLAND*

Date 19*05* *Jan.* *9* Month *9* Day *72* Y. *11* M. *—* D. *md.* Native of *Farmer* Occupation

*Male* *White* *Married* *Widow* *Divorced* *5*

*Female* *Colored* *Single* *Widower* Number of children living

Husband of *Mary J. Price*

Wife *John Price* Father's Name *Francis Ray* Mother's Maiden Name

Cause of *Cerebral hemorrhage* Primary *9 days* How long sick

Death *Exhaustion* Immediate *64* *Accident, Suicide, Homicide*

Reported by *Mrs. S. Seymour*Address *Trape md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

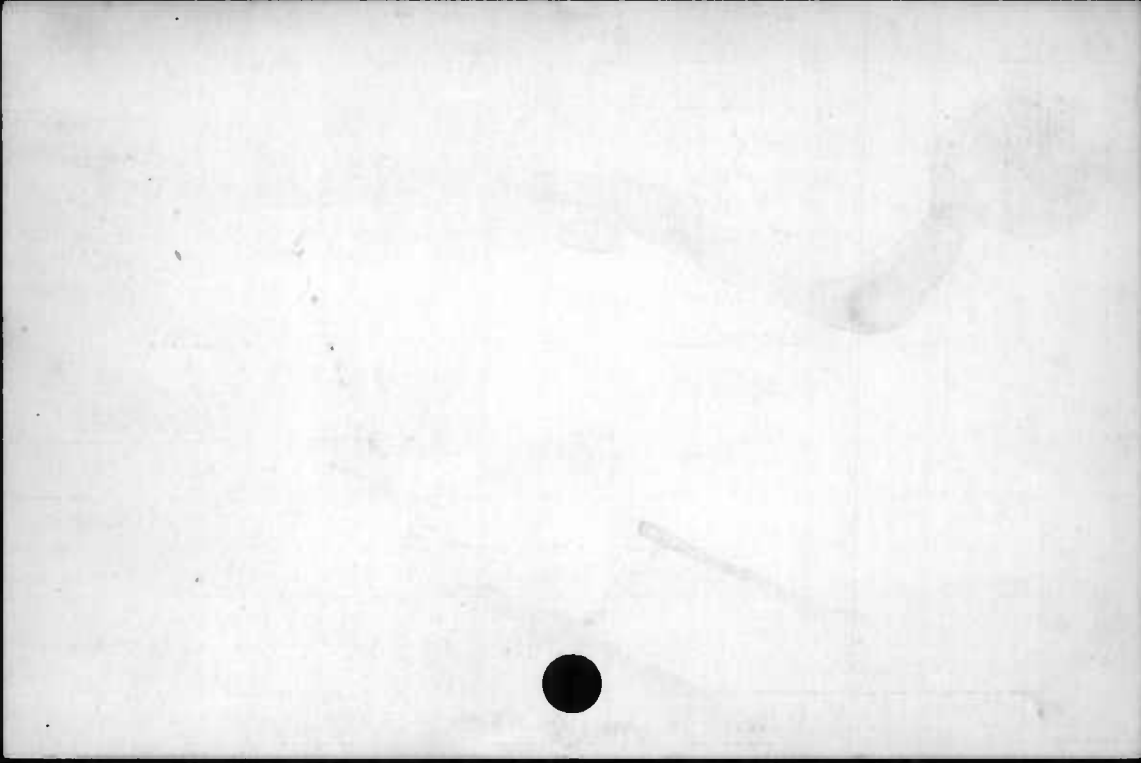
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Michaels</i> Town <i>Talbot</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Jan</i>	Day <i>24</i>	Age <i>76</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>St Michaels</i>	Months <i>—</i> Days <i>—</i>
Marrled, Single or Widowed <i>Widow</i>	Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Joseph Radcliffe</i>			
Father's Name <i>William Harrison</i>	Father's Birthplace <i>St Michaels</i>		
Mother's Maiden Name <i>St Michaels Polly Harrison</i>	Mother's Birthplace <i>St Michaels</i>		
Name of person giving information <i>Friend</i>	How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>13</i>	How long
Immediate	<i>Cancer of Breast</i>	How long <i>several yrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Robt. A. Dodson</i>
	Address <i>St Michaels</i>	
Accident or Suicide?		



Name  
in  
FullNathaniel Rozier  
Town  
Pappe County  
Talbot

## CERTIFICATE OF DEATH

MARYLAND

Died near

Pappe

Years

Months

Days

Date of death 1902

Month

Day

Age

24

57

18

Sex

Male

Color or  
Race

Negro

Birth-  
place

Talbot Co. Md

Occupation

Porter

Where Residing if not  
at place of death

Baltimore, City, Md

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

~~~~~

Father's  
Name

Nathaniel Rozier

Father's  
Birthplace

Baltimore Md

Mother's  
Maiden Name

Jane Green

Mother's  
Birthplace

Talbot Co. Md

Name of person giving  
information

Samuel Rozier

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

5 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Joseph A. Ross, M.D.  
Pappe, Talbot Co. Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Zena L. Sharp.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                        |                            |                                 |                                        |          |      |
|--------------------------------------------------------|----------------------------|---------------------------------|----------------------------------------|----------|------|
| Died at <i>Easton</i> <sup>Town</sup>                  |                            | <i>Calbat</i> <sup>County</sup> |                                        | MARYLAND |      |
| Date of death 190 <i>5</i>                             | Month <i>Jan</i>           | Day <i>4<sup>th</sup></i>       | Years <i>34</i>                        | Months   | Days |
| Sex <i>Female</i>                                      | Color or Race <i>White</i> |                                 | Birth-place <i>Calbat Co.</i>          |          |      |
| Married, Single or Widowed <i>Married</i>              |                            | Occupation <i>Housewife</i>     |                                        |          |      |
| Name of Wife or Husband <i>John L. Sharp.</i>          |                            |                                 |                                        |          |      |
| Father's Name <i>John O. Elliott</i>                   |                            |                                 | Father's Birthplace <i>Calbat Co.</i>  |          |      |
| Mother's Maiden Name <i>Mary Leaverton</i>             |                            |                                 | Mother's Birthplace <i>Calbat Co.</i>  |          |      |
| Name of person giving information <i>John L. Sharp</i> |                            |                                 | How related to deceased <i>Husband</i> |          |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |                                                 |
|---------------------------------------------------------------------------------|-------------------------------------------------|
| Primary <i>Pulmonary Tuberculosis</i>                                           | How long <i>two months</i>                      |
| Immediate <i>Pulmonary Hemorrhage</i>                                           | How long <i>Not ten minutes</i>                 |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Dr. P. L. Travers</i> |
|                                                                                 | Address <i>Easton</i>                           |
|                                                                                 | <i>Calbat Co. Md.</i>                           |
| Accident or Suicide?                                                            |                                                 |



Name  
in  
Full

Belle Townsend

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Ferry Neck

Town

Talbot

County

Date of death 1905 Jan

Month

Day 21

Age 37

Years

Months

Days

Sex Female

Color or  
Race

White

Birth-  
place St Michaels

Occupation Domestic

Where Residing if not  
at place of death

Ferry Neck

Married, Single  
or Widowed marriedName of Wife or  
Husband

Earnest A Townsend

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

P. C. Benson

How related  
to deceased

Cousin

## CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

2 yrs

Immediate

Shortness of breath

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

J. L. L. L. L.

Address

Royal Oak Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

